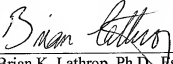


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 18184-0018-01-US (223717)	
In re application of: Steven M. LEVENTER et al.			
Application No. 10/578,522		Filed: May 8, 2006	
For: Treatment of Inflammatory Disorders of the Epithelium with Low Dose 2,3-Benzodiazepines			
Art Unit: 1614		Examiner: Alicia R. Hughes	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.			
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):			
	Large Entity	Small Entity	
	One month (37 CFR 1.17(a)(1))	\$ 130	\$ 65
	Two months (37 CFR 1.17(a)(2))	\$ 490	\$ 245
xx	Three months (37 CFR 1.17(a)(3))	\$ 1110	\$ 555
	Four months (37 CFR 1.17(a)(4))	\$ 1730	\$ 865
	Five months (37 CFR 1.17(a)(5))	\$ 2350	\$ 1175
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
X	Payment by credit card via electronic filing.		
	The Director has already been authorized to charge fees in this application to a Deposit Account.		
X	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0573. A copy of this sheet is enclosed.		
I am the			
	Applicant/inventor		
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
X	attorney or agent of record.		
	Attorney or agent of record under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a):		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
Signature			
Typed Name	Brian K. Lathrop, Ph.D., Esq.	Registration No.	43,740
Date	September 17, 2010		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
X	Total of one (1) forms are submitted.		